Effective October 1, 2003 /07 90 4 8W												RU
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTH				R THAN ENTITY
TOTAL CLAIMS			21			·	ļ: ,	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	385.00	ÖA	BASIC FEI	770.00
TOTAL CHARGEABLE CLAIMS			2/ minus 20= *		•	/		XS 9=		OR	X\$18=	18
INDEPENDENT CLAIMS .			3 minus 3 ≈					X43=		OR	X86=	<u> </u>
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	†	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	.	TOTAL	+	OR		280
	Agg/CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	Toy	OTHER	THAN
	01910 (Column 1) (Column 2) (C							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATĘ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	. 5	Minus	- 2	1	=		X\$ 9=		OR	X\$18=	
ME	Independent	• /	Minus	*** _	3	=		X43≖		ler.	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
L									/ -		TOTAL	
		(Column 1)		(Colum	ın 2)	(Column 3)	A	DDIT. FEE	L	10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	ENIDENIT (CL AIN			X43=		OR	X86=	
ــــــــــــــــــــــــــــــــــــــ	·	TATION OF WIC	CTIPCE DEF	·	CLAIM			+145=		OR	+290=	
							. AI	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n·2)	(Column 3)	:	:				•
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		÷	Γ	X\$ 9=		OR	X\$18=	
WE	Independent	•	Minus	***		=	-	X43=			X86=	
<u> </u>	FIRST PRESE	\vdash	A732		OR							
	Managarita and	4 to bear 10 11						+145=		OR	+290=	· (
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.*									*	OR ,	TOTAL ODIT. FEE	
7	ne Highest Num he Highest Num	tiber Previously Paid ber Previously Paid	For (Total or	o space is i Independen	t) is the l	i 3. enter "3." highest number	found	in the ap	propriate box		•	

Application or Docket Number